

COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Container for Dispensing a Heated Fluid

the specification of which

☐ is attached hereto.

☐ was filed on _____ as Application Serial No. _____ and was amended on _____.

☒ was described and claimed in PCT International Application No. PCT/GB00/00939 filed on 15 March 2000 and was amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with 37 C.F.R. § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT International application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT International application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

COUNTRY	APPLICATION NO.	FILING DATE	PRIORITY CLAIMED
<u>Europe</u>	<u>99400667.4</u>	<u>19 March 1999</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>United Kingdom</u>	<u>9913461.1</u>	<u>10 June 1999</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) or under 35 U.S.C. § 365(c) of any PCT International application designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in 37 C.F.R. § 1.56(a) which became available between the filing date of the prior application and the national or PCT International filing date of this application:

COMBINED DECLARATION AND POWER OF ATTORNEY (CONTINUED)

APPLICATION NO. _____

FILING DATE _____

U.S. PATENT STATUS

☐ Pending ☐ Issued ☐ Abandoned

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:
Frederick H. Rabin, Reg. No. 24,488; Andrew N. Parfomak, Reg. No. 32,431; John B. Pegram, Reg. No. 25,198; William J. Hone, Reg. No. 26,739; Richard P. Ferrara, 30, 632; Stephan J. Filipek, Reg. No. 33,384; and George E. Heibel, Reg. No. 42,648.

Address all telephone calls to Frederick H. Rabin at telephone number 212/765-5070.

Address all correspondence to Frederick H. Rabin, Fish & Richardson P.C., 45 Rockefeller Plaza, New York, NY 10111.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

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Inventor's Signature: _____

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COMBINED DECLARATION AND POWER OF ATTORNEY (CONTINUED)

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Full Name of Inventor : _____

Inventor's Signature: _____

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Full Name of Inventor : _____

Inventor's Signature: _____

Date: _____

Residence: _____

Citizen of: _____

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